

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

**MINUTES OF THE PEOPLE & CULTURE
COMMITTEE**

DATE OF MEETING	Wednesday 15 th October 2025 09:30-12:30
VENUE	Microsoft Teams

COMMITTEE MEMBERS PRESENT	Paul Deneen, Chair
	Phillip Robson, Vice Chair
	Vivek Goel, Independent Member
	Helen Sweetland, Independent Member
TEAM MEMBERS IN ATTENDANCE	Sarah Simmonds, Director of Workforce & Organisational Development (OD)
	Katelyn Falvey, Assistant Director of Workforce & OD
	Naomi Murtagh, Board Business Manager
	Peter Brown, Assistant Director of Workforce & OD
	Shelley Williams, Deputy Director of Workforce
	Julie Chappelle, Assistant Workforce Director
	Ruth Badham, Head of Organisational Development (Item 3.1 only)
	Kathryn Bourne, Strategic lead Medical and Dental Workforce (Item 3.7 only)
	Lucy Windsor, Head of Corporate Risk & Assurance (Item 3.9 only)
	Cathy Brooks, Head of Workforce Planning (Item 3.8 only)
	Fern Woodhead, Committee Secretariat
OBSERVING	Rhian Gard, NWSSP - Audit and Assurance Services
	Sara Utley, Audit Wales
	Thokozani Owino, Aspiring Independent Member
APOLOGIES	Rani Dash, Director of Corporate Governance
	Robert Holcombe, Director of Finance, Procurement & Value

PCC/1510/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PCC/1510/02	Apologies for Absence for Noting Apologies for absence were noted.



PCC/1510/03	<p>Declarations of Interest for Noting</p> <p>There were no declarations of interest raised to record.</p>
PCC/1510/04	<p>Draft Minutes of the last Meeting held on 11th June 2025</p> <p>The minutes of the meeting held on 11th June 2025 were formally approved as a true and accurate record, subject to the agreed amendments to page 8 from "SS confirmed that the review policy remained in place and all vacancies were reviewed" to "SS confirmed that local/divisional vacancy review processes remain in place. ". Action: Committee Secretariat</p> <p>The Committee APPROVED the minutes.</p>
PCC/1510/05	<p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions.</p> <p>The Committee NOTED the Committee action log.</p>
PCC/1510/06	<p>NHS Wales Staff Survey – Action Plan Update</p> <p>Ruth Badham (RB), Head of Organisational Development, provided the Committee with an update on the NHS Wales Staff Survey and action plan. RB advised that the staff survey was a key action within the Health Board's People Plan, supporting effective monitoring of staff engagement and promoting compassionate leadership. The survey also provided an opportunity to assess the impact of organisational initiatives such as Speaking Up Safely, Staff Retention, and Friends and Family tests.</p> <p>The Committee was advised that the response rate for the 2024 survey was 13.3%, a decrease from 18.1% in 2023, which limited the ability to draw meaningful conclusions and drive improvement. The Health Board had set an ambitious target to achieve a 30% participation rate in the October 2025 survey, exceeding the national minimum target of 26%. Achieving this would require proactive planning, consistent messaging, and a united leadership approach to demonstrate the organisation's commitment to listening, learning, and acting together.</p> <p>RB provided the Committee with a detailed overview of the revised approach for the current year, which included the</p>



establishment of drop in centres at every site over an 8 week survey period. Workforce and Organisational Development staff would be present at the centres with iPads and amenities such as massage chairs, tea, and coffee to encourage participation. Additionally, staff were visiting wards and other areas to invite staff to complete the survey. The Committee noted a positive uptake, with 8.3% of staff having completed the survey by the end of week 2, and RB shared examples of staff who felt valued by being asked for their opinions.

The Committee discussed the content and administration of the survey. RB confirmed that the survey was run nationally by HEIW through a third party, which included approximately 50 questions covering topics such as motivation, safety, culture, equipment, wellbeing, and line management. The results would be available in early 2026 and would include comparisons across all Welsh Health Boards, providing valuable benchmarking data.

Helen Sweetland (HS), Independent Member, queried the use of survey data and comparisons with previous local surveys. RB explained that the decision had been made to focus efforts on the national NHS survey to build a consistent and robust dataset for staff experience. The Committee noted that efforts were underway to gain access to survey data for deeper in-house analysis, which would support more targeted action planning.

The Committee welcomed the refreshed approach and the positive early results, acknowledging the challenge of survey fatigue and the importance of demonstrating that staff feedback would lead to meaningful action. The Committee noted that the survey would remain open for 2 months, closing on 1st December 2025, and that no other surveys would be conducted during this period to avoid overburdening staff.

The Committee agreed to receive a further update on survey outcomes and action plans at the next Committee meeting in February. **Action: Director of Workforce & Organisational Development**

The Committee **NOTED** the report.

PCC/1510/07

Sickness Absences Update

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with



an update on sickness absence reporting and management within the Health Board. SS Emphasised that staff health and wellbeing remained a key priority and strategic risk for the organisation and was the first pillar of the new People Plan for 2025–2030. This priority was also reflected in national strategies such as “A Healthier Wales” and wider public health campaigns.

Shelley Williams (SW), Deputy Director of Workforce, presented a summary of the latest sickness absence data and outlined the governance framework provided by the Managing Attendance Partnership Working Group, which was established in October 2023. The Group oversaw supportive initiatives to promote attendance, prevent absence, and facilitate early return to work. It identified hotspot areas using workforce data and intelligence, and conducted deep dives to inform targeted action plans addressing common challenges and reasons for absence.

The Committee was advised that sickness absence rates had remained above pre-COVID levels, with the current rate just below 6.5%. The highest rates were observed among healthcare support workers and estates/ancillary staff, who were generally lower paid and often worked in frontline roles. Benchmarking data showed that the Health Board was in-line with other Welsh Health Boards, but the number of staff days lost were higher than the wider public sector average.

The Committee noted that stress, anxiety, and depression continued to be the leading reasons for sickness absence, accounting for around 40% of cases, a notable increase compared to previous years. However, the Committee noted that 30% of staff had no recorded sickness absence.

The age profile of the workforce was highlighted, with 35% of staff aged over 50, and healthy life expectancy figures showing a downward trend, particularly for women.

SW outlined the processes for managing sickness absence, including short-term and long-term absence triggers, and described the support available to managers. The Health Board provided monthly training for managers and targeted support to hotspot areas. There was also a close working relationship with shared services for resident doctors, and prompt reports were used to ensure appropriate action was taken.



The Committee discussed the importance of tailored support for different staff groups, the impact of external factors on staff wellbeing, and the need for ongoing training and assurance. SW confirmed that deep dives into stress related absence revealed that most cases were linked to challenges outside of work, such as bereavement, financial difficulties, and caring responsibilities.

The Committee also considered the role of menopause in sickness absence, with SW confirming that a menopause policy and support services were in place, including menopause cafes and direct access to a menopause nurse. The importance of strong relationships with trade unions and professional associations was noted, with the Partnership Forum playing a key role in supporting staff to remain in or return to work.

SS advised the Committee that the Health Board was engaged with national programmes to prevent absence and improve staff health, and that a recent audit provided reasonable assurance regarding the management of attendance.

The Committee noted that there was no dedicated budget for sickness absence initiatives, but workforce and OD capacity was prioritised for this work. The Committee acknowledged the challenges posed by an ageing workforce and the need for flexible and sustainable solutions.

The Committee thanked the team for their ongoing efforts and noted the positive culture and commitment demonstrated by staff. It was acknowledged that sickness absence remained a top priority and that progress would continue to be monitored through the People Plan and associated action plans.

The Committee **NOTED** report.

PCC/1510/08

People Plan 2025/30 - Delivery Measures & Plan

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with an overview of the Health Board's updated People Plan for 2025–2030. The plan set out a strategic roadmap for workforce planning and development aligned with the recent approved Long-Term Strategy, Gwent 2035. The plan was developed through extensive engagement with



staff, partners, and stakeholders, and was structured around 3 strategic pillars: Better Health and Wellbeing, Better Future Workforce, and Better Working Lives.

The Committee noted the plan's content and headline measures for evaluating the plan's success, including a target review date of 2027 and annual reviews based on staff survey outcomes. Key areas of focus included improving PADR compliance, enhancing job planning, and using the NHS Wales Staff Survey as a baseline for progress.

The Committee discussed the importance of robust delivery measures and agreed to review progress annually, with interim reports to be brought to future meetings. Consideration would also be given to incorporating data from the GMC trainers' survey and other relevant sources.

The Committee endorsed the People Plan and its delivery measures, noting that ongoing monitoring and reporting would ensure the plan remained responsive to organisational needs and priorities.

The Committee **NOTED** the launch of the People Plan 2025–2030.

PCC/1510/09

Disclosure and Barring Service Review – Electronic Staff Record Update

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with an update on the Health Board's review of Disclosure and Barring Service (DBS) compliance, focusing on the accuracy and completeness of DBS records within the Electronic Staff Record (ESR) system.

Katelyn Falvey (KF), Assistant Director of Workforce & OD, presented to the Committee the findings of a recent audit, which reviewed over 17,500 staff records. The audit identified approximately 2,000 individuals DBS status was either missing or recorded at a level below the required level for their role. Several factors contributed to these gaps, including legacy recruitment practices, retire-and-return arrangements, internal staff movements, direct hires that bypassed formal pre-employment checks, and urgent appointments made during the pandemic.

The Committee was advised that significant progress had been made since May, with nearly 50% of non-compliant



records now resolved. The majority of staff were found to hold the appropriate DBS clearance, but inconsistencies in recording had contributed to the appearance of non-compliance. The team continued to address these discrepancies and would provide a further update at the next Committee meeting in February. **Action: Director of Workforce & Organisational Development**

Shelley Williams (SW), Deputy Director of Workforce, clarified that DBS checks did not have an official expiry date and were only repeated at the employer's discretion when required for the role. New checks had been undertaken in this exercise only if the role was in scope and the details held on file were missing or lower than the required level.

The Committee discussed the financial implications of the reconciliation work. KF confirmed that funding had been provided to support the process, but that DBS costs were usually borne by each service area when employing new staff. The Recruitment Modernisation Group had made DBS a blocking check, meaning new employees could not join the Health Board without a valid DBS, providing an additional safety net.

The Committee was advised that new policies and procedures were in place to prevent future gaps, including the implementation of the SMA app to bridge recruitment and ESR processes, to ensure robust recording and compliance going forward.

The Committee thanked the team for their efforts in resolving DBS compliance issues and noted the positive progress made.

The Committee **NOTED** the report.

PCC/1510/10

Workforce Performance Dashboard incorporating Key Performance Indicators

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with an overview of the monthly Workforce Performance Dashboard, which provided the latest data on workforce sustainability, training, workforce supply, and variable pay. The dashboard was a key tool for monitoring organisational performance and identifying areas for improvement.



The Committee was advised that there had been an increase in job planning compliance during July, followed by a decline in the subsequent months. The Committee discussed the importance of maintaining and improving compliance rates and agreed that regular review and continued support for divisional teams were essential to ensure sustained progress.

The Committee noted a significant reduction in Occupational Health activity. However, the Committee welcomed the increase in manager referrals, viewing this as a positive indication that managers were actively managing sickness absence and providing appropriate support for staff wellbeing.

The Committee reviewed progress in reducing the time taken to hire new staff. It was acknowledged that the average time to hire had previously exceeded 100 days, but substantial work had been undertaken to reduce the figure to below the target of 60 days. The Committee further recognised that advertising time contributed to the overall timeframe and may vary depending on the role and the skills.

The Committee noted key performance indicators related to workforce supply, training compliance, and variable pay. The Committee recognised the value of regular monitoring and reporting in supporting strategic workforce planning and organisational development.

The Committee thanked the team for their continued efforts and commitment to improving workforce performance. It was agreed that the dashboard would continue to be reviewed monthly, with key findings and actions reported to the Committee.

The Committee **NOTED** the report.

PCC/1510/11

Report from the Director of Workforce & OD, including Agile Working Framework, Employee Relations & Suspensions over 4 months

Sarah Simmonds (SS), Director of Workforce & Organisational Development, provided the Committee with an overview of the Director of Workforce & Organisational Development report. The report outlined the key activities



and issues affecting the Health Board locally, regionally, and across NHS Wales.

The report outlined ongoing progress with the Agile Working Framework, which aimed to support flexible working arrangements and optimise the use of workspace across the organisation. The Committee noted the continued assessment of space requirements and the implementation of blended and hybrid working practices. It was highlighted that while many teams had adopted agile working, further work was needed to align space utilisation with operational needs.

The Committee was updated on employee relations activity, including the recent approval of an All-Wales anti-sexual harassment policy. The Health Board was committed to implementing a robust communication and educational action plan to support the new policy and fulfil its duty to prevent sexual harassment. An event was scheduled for November to address local issues and promote early resolution of concerns.

The Committee was advised that there was a launch of a new Respect and Resolution programme, which replaced the previous grievance policy. This initiative was designed to avoid employee harm and encourage informal resolution of workplace issues. The Committee welcomed the focus on supporting staff and fostering a positive organisational culture.

The Committee reviewed the status of staff suspensions, noting that 7 employees were currently suspended, with some cases extending beyond 24 months due to ongoing police investigations. SS explained that internal investigations were often delayed avoiding compromising police inquiries, and regular meetings were held with police representatives to monitor progress. The Committee expressed concern about the length of suspensions and discussed the need for legal advice and further dialogue with police and professional bodies to expedite resolution.

Action: Director of Workforce & Organisational Development

The Committee was advised that there was an increase in employment tribunal activity, with 3 new cases and 7 live cases currently being managed. 2 formal capability processes were underway, and the team continued to work closely with shared services and the tribunal system.



The Committee was informed of ongoing efforts to support flexible working requests and manage turnover among internationally educated nurses. The Health Board maintained strong support networks for these staff members and continued to monitor trends in recruitment and retention.

The report included updates on statutory and mandatory training compliance, establishment control, and the implementation of a new resident doctor contract. The Committee noted the importance of ongoing monitoring and reporting to ensure workforce sustainability and alignment with strategic objectives.

The Committee thanked the team for their continued commitment to supporting staff and addressing complex workforce challenges.

The Committee **NOTED** this report.

PCC/1510/12

Framework - Speciality Doctors and Clinical Fellows

Kathryn Bourne (KB), Strategic lead Medical and Dental Workforce, provided the Committee with an overview of the framework for Speciality Doctors, Associate Specialists, Specialist Doctors (SAS), and Locally Employed Doctors (LEDs) within the Health Board. These groups form a growing and vital part of the workforce, with LEDs being qualified doctors not on national SAS contracts or in formal training programmes, but employed on local contracts aligned with Resident Doctors in Training.

The Committee was updated on progress with priority actions, including the development and implementation of an autonomous practice policy. It was noted that 23 doctors had been approved to act autonomously, reflecting the Health Board's commitment to supporting professional development and safe clinical practice. Additionally, 2.5 consultants had been allocated to support doctors through mentorship and supervision.

The Committee was advised that an education programme had been established to ensure that all doctors, including internationally trained medical graduates (IMGs), were appropriately assessed before joining rotas. This assessment ensured that doctors were placed at the



correct level of responsibility and were supported in their transition to working within the Health Board.

The Committee discussed the importance of ongoing support, training, and governance for SAS and LED doctors, recognising their significant contribution to service delivery and patient care. The framework aimed to provide clear guidance, robust assessment, and structured support to enable these doctors to work safely and effectively, while also promoting career progression and retention.

The Committee welcomed the progress made and endorsed the continued development of the framework, noting that further updates would be provided as the programme evolves.

The Committee **NOTED** the report.

PCC/1510/13

Workforce Organisational Changes 2020-2025

Cathy Brooks (CB), Head of Workforce Planning, provided the Committee with an overview of the assessment of the workforce changes within the Health Board over the past 5 years and the challenges associated with sustaining linear growth in the workforce. The report outlined significant changes that had occurred since 2021, including the impact of the Clinical Futures programme, the opening of the Grange University Hospital, and various service expansions and reconfigurations.

The Committee noted targeted successes in reducing vacancies, particularly among registered nurses, healthcare support workers, and the medical and dental workforce. The report highlighted the importance of ongoing workforce planning and the need to optimise skill mix in response to changing service demands, labour market conditions, and the age profile of the workforce.

The Committee was advised that there had been a 5% reduction in the number of 24-year-olds entering the workforce, reflecting wider trends in university applications and graduate routes. The Committee discussed the implications of this decline and the importance of developing multiple flexible entry routes into the Health Board, including apprenticeships and alternative training pathways.



The Committee considered the process for approving new roles and business cases, noting that all proposals over £50K were subject to a robust challenge and support process before being presented to the Executive team. This ensured that workforce investments were justified and aligned with organisational priorities.

The Committee noted that there was a need for future workforce modelling, with indicative projections being developed for medical staffing based on current trends. The Committee acknowledged that further work was required to align workforce planning with the Health Board's long-term strategy and to ensure sustainable growth over the next 5 to 10 years.

The Committee welcomed the detailed analysis and recognised the complexity of workforce changes in recent years. It was agreed that ongoing monitoring, flexible planning, and regular review of skill mix, and recruitment strategies would be essential to meet future service needs.

The Committee **NOTED** the workforce changes outlined in the report and the actions set out in the People Plan (2025-2030).

PCC/1510/14

People & Culture Committee Risk Report

Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee with an overview of the current strategic risks delegated to the Committee for monitoring on behalf of the Board. The report outlined the status of key workforce-related risks and highlighted any changes in risk exposure since the previous meeting in June 2025.

The Committee noted that 3 of the 4 sub-risks remained unchanged in terms of risk exposure. However, the likelihood of risk SRR 001D had increased due to escalating industrial relations challenges at a national level. This change reflected the formal rejection of the 2025/2026 pay offer by Trades Unions and Unison's intention to ballot members for industrial action, significantly heightening the risk of workforce disruption and its potential impact on service delivery and organisational objectives.

The Committee discussed the implications of increased industrial relations risk, acknowledging the potential for workforce disruption and the need for robust contingency



	<p>planning. The importance of ongoing monitoring and proactive engagement with staff and trade unions was emphasised to mitigate the impact of industrial action and maintain organisational stability.</p> <p>The Committee was advised of the establishment of a corporate risk register, which would improve visibility of emerging risks and support better alignment with workforce strategic objectives. Detailed risk assessments were ongoing, and further updates would be brought to the Committee as required.</p> <p>The Committee NOTED the delegated strategic risks and the work being undertaken to ensure the Committee was sighted on all risks that had the potential to impact on the culture and wellbeing of the Health Board and its staff.</p>
<p>PCC/1510/15</p>	<p>Review of Committee Programme of Business 2024/25</p> <p>The Committee noted the forward workplan for information and no questions were raised from the committee.</p>
<p>PCC/1510/16</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee reviewed the key topics discussed during the meeting and identified several items to be brought to the attention of the Board and other relevant committees, these included:-</p> <ul style="list-style-type: none"> • The positive progress and increased participation in the NHS Wales Staff Survey, with a notable improvement in response rates compared to previous years. • Updates on sickness absence management, including benchmarking against other health boards and the implementation of targeted action plans to address areas of concern. • The approval and launch of the People Plan 2025/30, along with the proposed success and performance measures. • Assurance regarding the Disclosure and Barring Service (DBS) checks, with significant progress made in reconciling non-compliant records and strengthening future compliance processes.



	<ul style="list-style-type: none"> • Improvements in recruitment processes, particularly the reduction in time to hire. • Ongoing concerns regarding staff suspensions, especially those linked to police investigations. • Updates on the Speaking Up Safely framework and the outcomes of internal audit, with evidence of progress in responding to staff concerns and strengthening governance. • Developments relating to resident doctors, speciality doctors, and clinical fellows, including the implementation of new frameworks and support programmes. • Workforce changes over the past 5 years, with a focus on future planning and the challenges associated with sustaining growth and optimising skill mix. • The increased risk of workforce disruption due to national industrial relations challenges.
<p>PCC/1510/17</p>	<p>Any Other Urgent Business</p> <p>The Committee acknowledged that it was Julie Chappelle (JC), Assistant Workforce Director, last meeting before retirement and thanked her for the work she had supported on behalf of the Health Board and the Committee.</p>
<p>PCC/1510/18</p>	<p>Date of the Next Meeting: 10th February 2026</p>